

**GREENWOOD CITY/COUNTY
APPLICATION FOR SIGN PERMIT
ZONING COMPLIANCE
ZONING DISTRICT _____**

Name of Owner or Agent _____
Mailing Address _____
Phone No. _____ (Office) _____ (Other) _____
Property Owner _____
Address _____
Sign Location _____
Tax Map Number _____
Business or Organization Name _____
Total Cost _____ Type of Sign (s): On-site _____ Off-site _____
Category of Sign (s) [No. of Each]: Freestanding _____
Wall _____ Directional _____ Home Occupation _____
Sign Dimensions (In Square Feet) (W) _____ (FS) _____ (D) _____ (HO) _____
Wall Dimensions (In Square Feet) _____ (Wall Signs Only)
Sign Height _____ Setbacks _____
Sign Clearance _____
Scrolling Sign () Yes () No Lighted Sign () Yes () No
Variance (s) (If any) _____
Date Variance (s) Approved _____ By _____
Site Plan Submitted () Yes () No Date _____
Conditions (If any) _____

I HEREBY MAKE APPLICATION FOR A ZONING COMPLIANCE CERTIFICATE FOR THE SIGN (S) DESCRIBED ABOVE AND TO BE LOCATED AS SHOWN ON THE ATTACHED SITE PLAN. ALL STATEMENTS CONTAINED HEREIN ARE TRUE AND HAVE BEEN VERIFIED BY ME. I UNDERSTAND THAT THE OMISSION OR MISREPRESENTATION OF ANY FACTS CONTAINED HEREIN MAY BE CAUSE FOR THE IMMEDIATE REVOCATION OF THIS PERMIT. I FURTHER UNDERSTAND THAT THE ISSUANCE OF THIS PERMIT DOES NOT IMPLY APPROVAL OF, OR CONSTITUTE A PRIVILEGE TO VIOLATE, ANY OTHER STATE OR LOCAL ORDINANCES, CODES, OR LAWS, OR PRIVATE RESTRICTIVE COVENANTS. I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE ZONING STANDARDS PERTAINING TO THE ISSUANCE OF THIS PERMIT AND THAT ALL CONSTRUCTION MUST BE IN ACCORDANCE WITH THESE REQUIREMENTS.

_____ () OWNER () AGENT _____ DATE _____
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THE LOCATION AND OTHER CONSTRUCTION REQUIREMENTS OF THE SIGN (S) AS DESCRIBED ABOVE CONFORMS TO THE CURRENT REQUIREMENTS OF THE GREENWOOD CITY/COUNTY ZONING ORDINANCE, SUBJECT TO THE STATED CONDITIONS, RESTRICTIONS, AND LIMITATIONS.

PERMIT ISSUANCE APPROVED BY _____

DATE _____